

Critical Incident Stress Management Program

VOLUNTEER MEMBERSHIP APPLICATION

Check if applying for: ☐ Mental Health Professional ☐ Incident Peer Debriefeer

I. Personal Information:

Name: _____

Home Address: _____

_____ (city) _____ (state) _____ (zip)

Home Telephone: () _____ Work Telephone: () _____

Age: _____ DOB: _____ Gender: _____ Social Sec. No.: _____

Profession: _____

II. Education: (List most recent first) (High school & college only)

Institution	Degree Date	Degree

III. Employment:

Current Position: _____

List last 3 positions (present position first):

	Dates & Place	Brief Description of Work
1.		
2.		
3.		

IV. CISM or Related Involvement:

1. Have you ever participated in a critical incident debriefing? ☐ Yes ☐ No

If yes, as a: ☐ team leader peer ☐ debriefer ☐ recipient (check one)

2. What exposure have you had to emergency medical situations, psychological crisis, multiple trauma or mass casualty incidents?

3. What experiences have you had in providing any of the following:

a. Stress Management: _____

b. Training / education in other CISM-related areas (specify):

(Mental Health Professionals answer c and d also. Include descriptions of types of client and amount of direct time spent in the activity.)

c. Individual Counseling: _____

d. Group Work: _____

4. What assets do you believe you can bring to the CISM program?

5. How much flexibility do you have to go on debriefings on 24-48 hour notice?

V. **Why do you want to be a member of a CISM Team?**

VI. **Comments and additional information you would like to add:**

VII. **Personal References:** List three references, not related to you.

Name	Address	Telephone Number

Return completed applications to:

CISM Selection Committee
King County EMS Division
999 Third Avenue – Suite #700
Seattle, WA 98104-4039
Tele/TTY (206) 296-4693
FAX: (206) 296-4866
Email: Ron.Quinsey@metrokc.gov